

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  29D2125370	<b>(X3) Date Survey Completed</b>  05/06/2021
<b>Name of Provider or Supplier</b>  Optumcare Cancer Care-W Charleston	<b>Street Address, City, State</b>  2300 W Charleston, Las Vegas, NV	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on May 6, 2021. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.
<b>D2006</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)</p> <p>The laboratory must examine or test, as applicable, the proficiency testing samples it receives from the proficiency testing program in the same manner as it tests patient specimens. This testing must be conducted in conformance with paragraph (b)(4) of this section. If the laboratory's patient specimen testing procedures would normally require reflex, distributive, or confirmatory testing at another laboratory, the laboratory should test the proficiency testing sample as it would a patient specimen up until the point it would refer a patient specimen to a second laboratory for any form of further testing.</p> <p>This STANDARD is not met as evidenced by: Based on a review of College of American Pathologist (CAP) 2021 Hematology Proficiency Testing (PT) records, and an interview with the Lead Medical Assistant, and the Project Manager, the laboratory failed to follow the director approved procedure for the performance of proficiency testing specimens. Findings include: 1. A review of the laboratory instrument print-outs for the FH2-A 2021 Hematology proficiency testing specimens FH2-01, FH2-02, FH2-03, FH2-04, and FH2-05 revealed that each specimen was performed three times. 2. The director approved policy and procedure number 700-1 entitled "Laboratory Testing and Management" stated in Section 31, "Physician's Office Laboratory (POL) Proficiency Surveys," step 31.12, "Staff will proceed with the test in the same manner as with patient</p>

specimens." Policy number LB-OP-20 entitled "Critical Values" stated in Procedure Step 2, CBC, in step 2.1 to "Repeat CBC for all critical CBC results." There were no proficiency test sample results within the established criteria for critical values that indicated the need to rerun the specimens. 3. The Lead Medical Assistant and the Project Manager confirmed the findings during an interview conducted on May 6, 2021 at approximately 11:00 AM. They further stated that patient specimens are performed one time, unless there is an error code on the instrument print-out or there is a critical value that requires result confirmation. The laboratory performs approximately 1000 hematology tests and 100 chemistry tests annually.